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Bib Data Sheet

CONFIRMATION NO. 4272

|  |   |                               |   |                                       |
|--|---|-------------------------------|---|---------------------------------------|
| <b>SERIAL NUMBER</b><br>10/772,128   | <b>FILING OR 371(c) DATE</b><br>02/04/2004<br><b>RULE</b>   | <b>CLASS</b><br>623           | <b>GROUP ART UNIT</b><br>3738   | <b>ATTORNEY DOCKET NO.</b><br>702.120 |
| <b>APPLICANTS</b><br>Steven F. Seyer, Germantown, TN;<br>Ramon Luna, Memphis, TN;  |   |                               |   |                                       |
| <b>** CONTINUING DATA *****</b> AS 8/10/06<br>This appln claims benefit of 60/444,689 02/04/2003   |   |                               |   |                                       |
| <b>** FOREIGN APPLICATIONS *****</b> AS 8/10/06  |   |                               |   |                                       |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 05/05/2004</b>   |   |                               |   |                                       |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>AS</u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>TN | <b>SHEETS DRAWING</b><br>10   | <b>TOTAL CLAIMS</b><br>5              |
|  |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>3        |
| <b>ADDRESS</b><br>37902  |   |                               |   |                                       |
| <b>TITLE</b><br>Acetabular component insertion and extraction tool for use therewith, and method of locking an acetabular component to an insertion and extraction tool  |   |                               |   |                                       |
| <b>FILING FEE RECEIVED</b><br>900  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                       |